

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026619

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 113Primary Registration District No. 5430Registrar's No. 8426

STATE FILE NUMBER

FILED AUG 14 1962

## 1. PLACE OF DEATH

a. COUNTY Franklinb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Central Twp.Length of stay, in lbs.  
2 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Clair Route 1Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Franklinc. CITY  
OR  
TOWN St. ClairInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Route 1Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Michael Joseph Gadell, Sr.4. DATE OF DEATH  
Month Day Year  
Aug. 7, 19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
2/16/869. AGE (last birthday)  
76IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Shoe Worker10b. KIND OF BUSINESS OR INDUSTRY  
Shoe Mfg.11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Michael Gadell

13b. MOTHER'S MAIDEN NAME

Mary Calvert

14. NAME OF HUSBAND OR WIFE

Mary Ann15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

17. INFORMANT

Leo Gadell

Address

St. Clair, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary FailureINTERVAL BETWEEN  
ONSET AND DEATH3-4Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

atherosclerotic CV disease

DUE TO (c)

+ also, previous coronary1-2 yrs.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-5-62 to death and last saw him alive on 8-5-62  
Death occurred at \_\_\_\_\_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John D. Paul, M.D.

22b. ADDRESS

St. Clair, Mo.

22c. DATE SIGNED

8/8/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)Burial

23b. DATE

8/10/62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Calvin Feutz F.H.

ADDRESS

St. Louis, Mo.

25. DATE REC'D. BY LOCAL REG.

Aug 8-62

26. REGISTRAR'S SIGNATURE

Shirley Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 03602 0360

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12 90-013 3-0

AUG 14 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. M. Lewis

Licensed Embalmer No. 3601

P. O. Address St. Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.